NOTE: Please read "INSTRUCTIONS FOR FILING" Failure to complete application properly may result in denial of the application for hearing.



Board of Equalization and Assessment Review

Contact Information:

phone: 703.746.4646 or 703.746.4180

email: realestate@alexandriava.gov

Office Location:

City Hall, 301 King Street Room 2600 Alexandria, Virginia 22314

2017 Appeal of Real Estate Assessment

STATUTORY DEADLINE

POSTMARKED: JUNE 1, 2017

HAND DELIVERED: CITY HALL, ROOM 2600 BY 5:00 P.M. ON JUNE 1, 2017

NO ADDITIONAL MATERIAL WILL BE ACCEPTED AFTER THE DEADLINE

NO EXCEPTIONS NO FAX SUBMISSIONS

The following notification is required by law and only applies to residential properties with less than four units:

Per §58.01-3331(E) of the Code of Virginia as amended and enacted by the General Assembly, effective January 1, 2012, in any appeal of assessment filed by the owner of residential real property containing less than four units to the Board of Equalization pursuant to §58.01-3379 of the Code, the assessor shall: (a) provide the property owner written notice of the hearing date at least 45 days prior to the Board hearing; (b) inform the property owner of the right to review and obtain copies of all information used in the determination of fair market value; and (c) advise the property owner of the right to request a physical inspection of the subject property.

APPEAL OF REAL ESTATE ASSESSMENT

INSTRUCTIONS FOR FILING

Be as specific as possible as to why you feel that your assessment is: 1) above or below fair market value, and/or 2) inequitable when compared to like surrounding properties. If you are aware of specific sales which you contend are comparable to your property, or any unusual conditions that affect the fair market value, please include these with your appeal so that we may consider them in the appeal process. Sales for your assessment neighborhood may be viewed on our website at alexandriava.gov/realestate. Only sales occurring prior to January 1, 2017 may be considered in arriving at the assessed value; hence, you may only rely on sales occurring prior to January 1, 2017 when preparing your 2017 Appeal of Real Estate Assessment.

Your Appeal of Real Estate Assessment must be typed or printed legibly on an original 2017 form obtained from our office or downloaded from our website. Use a separate appeal form for each parcel being appealed. All pages of your submission must be numbered consecutively. Property owners, agents and/or representatives are required to submit all data that supports their reason for appeal when this form is filed. A photograph of the property is requested by the Board of Equalization and Assessment Review (Board) and should be paper clipped to the original appeal.

If you are an agent for the property owner, you must provide a proper Letter of Authorization from the property owner (not the tenant), to act on owner's behalf for the current assessment year. You may review instructions on our web page or request instructions from Department staff to ensure your submission of an acceptable authorization. The letter of authorization must accompany this completed form.

If the property to be reviewed is an income-producing property (e.g., apartment building, office building, shopping center, retail, warehouse, etc.), and you have not previously submitted to the Department of Real Estate Assessments a statement of income and expense for calendar year 2017 when requested by the Department, pursuant to Section 58.1-3294 of the Code of Virginia, the Board of Equalization and Assessment Review may not consider this information as a basis for your appeal.

AN ORIGINAL AND SEVEN COPIES OF THE COMPLETED APPEAL FORM and all supporting documentation must be submitted at the time the appeal is filed.

Board of Equalization and Assessment Review P.O. Box 178 Alexandria, VA 22313-1501

Please be advised that all data supporting this appeal must be submitted when this form is filed. **NO ADDITIONAL DOCUMENTATION OF ANY KIND WILL BE ACCEPTED AT THE HEARING.** You will be advised of your **hearing date and time in writing** and you may only **reschedule one time.** If you wish to withdraw your appeal from the Board, you must do this in writing at least forty-eight hours prior to your scheduled hearing. The Board has the authority to waive the forty-eight hour requirement, or it may hear the appeal.

All information pursuant to Virginia Code Section 58.1-3331 shall be made available to the taxpayer/appellant upon his/her request. The records are available for inspection and copying in the Department of Real Estate Assessments on Monday through Friday from noon until 4:00 p.m., except on such days when the office is otherwise closed. Additionally, any written information that will be given to the Board or relied upon by the Department regarding the 2017 assessment of your property will be available to you seven (7) days prior to your hearing date. It will be sent to you via e-mail or United States Postal Service as you have indicated on page 1 of your appeal form.

Please refer to the Rules and Procedures for Hearings of the Board of Equalization and Assessment Review included with this form and also included on our web site.

A pending review by the Department or appeal to the Board of Equalization does not change the due date for real estate taxes. Have you...

Completed all lines of the appeal form?
Checked off appropriate boxes indicating your reason for applying for an appeal hearing?
Clearly printed phone numbers and your e-mail address?
Consecutively numbered all pages including attachments beginning with the application as Page #1?
Put your Tax Map Reference Number on ALL pages of your submission?
Paper clipped all documents to the BACK of the application? (Do not staple any portion of your submission.)
Included the original application and attachments plus seven copies of the application and its attachments?
Kept a copy for your records?

Case Number:

Applicant Case Page 1 of _

2017 APPEAL OF ASSESSMENT

(For ONE parcel only)

Note: If you are downloading your form, please thoroughly read the "Instructions for Filing."

Do not staple any documents. Use paperclips.

Map No.	Block	Lot	For Office Use Only: Abstract Code: Neighborhood:
Account No.	D VALUE	Date	Appraiser: Appeal # 2017 Authorization: Enclosed □ On file □
2016 ASSESSED VALUE Land Building		Total	Appeal Filed?20162015 2014 2017 Review Filed? □ Yes □ No
			Revised Assessment: Land:
2017 ASSESSEI			Building 1:
Land	Building	Total	Building 2:Building Total: Total:
Name of Owne	ar		
wianing Addit	ess (ij dijjereni man p		
If loan, state fu Dat Amount of inst I/We, hereby a	all original amount te of loan urance carried on real apply for a hearing be	estatefore the Board of Equ	\$ Terms \$ alization and Assessment Review for the following reasons (check any boxes)
			tet Value of the property.
			red to like surrounding properties.
□ 3. €	otner: EXPLAIN FUL	LLY (use additional sn	eets if necessary)
·			as of January 1, 2017. \$
	Signature - owner		Signature - agent
Print Name - owner			Print Name - agent
Date:		E-mail address:	
Required - Telephone: (work)			(home)
I, (we), wish to	o have all correspon	dence related to this	Appeal sent to: (only one box may be checked)
☐ E-mail (ple	ase provide address)	☐ Property addres	ss
			
		_	ill be sent to you by email if you provide an email address above. If no email
address is prov	uded comments will	he available for nick u	n in our office 5 days prior to your hearing date

Applicant- Please complete.						
Map	Block	Lot				

Administrative Use Only							
Data Enters in DEAVCS	Haaring Data	Timo					
Data Entry in REAVCS	•	Time:					
Initials: Date:	Date: □ Hearing notification letter sent?						
Owner contacted for hearing? \Box yes \Box no	Initials:	Date:					
Telephone Notes:							
(1) RealWare Changes	tive Use Only: (4) REAVCS entry						
☐ Land Abstract Override entered	☐ Received, assigned and con	npleted dates entered					
☐ Improvement Market Override entered	Initials:						
☐ Correction type entered		·····					
Initials: Date:	(5) Tax Adjustment Signed						
Hittus	Reason Code:						
(2) REAVCS Data Entry	Director:						
Reason Code Entered	Director.						
Tax Adjustment Number	(6) Final Check						
Initials: Date:	□ Notification Letter sent						
	☐ Value Change History check	red (RealWare)					
(3) Notification	□ Verified tax adjustment sent to Treasury						
☐ Letter sent ☐ Study Group Sales enclosed	Initials:	•					
☐ Board of Equalization Appeal form enclosed							
☐ Other – specify:							
Other – specify: Date:							
muais: Date:							